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NOV 01 2006

October 23, 2006

Janis R Sigman, Manager  
Certificate of Need Program  
Office of Certification and Enforcement  
PO Box 47852  
Olympia, WA 98504-7852

Dear Ms. Sigman

I am submitting this letter of Intent for a Certificate of Need (CN) in conformance with the requirements of WAC 246-310-080.

1.(a) Description of Service Proposed: Establishment of a Medicare Certified Home Health Agency.

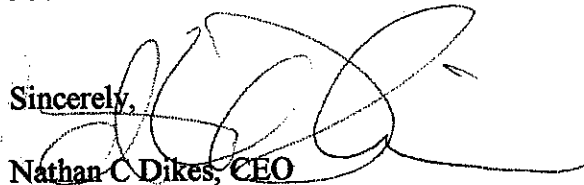
1.(b) The estimated cost of the project as defined by WAC 246-310-220 is approximately \$50,000. The project is still in the planning stage and more detailed capital costs will be provided in the application.

1.(c) The proposed service area is Spokane County, Washington.

Please address any correspondence regarding this project to myself with copies to:

Jerry F Brown  
Jerry F Brown LLC  
PO Box 1922  
Woodland WA 98674  
[jerome1@cni.net](mailto:jerome1@cni.net)  
360-600-8559

Sincerely,

  
Nathan C Dikes, CEO  
Sunshine Health Facilities, Inc.  
10410 E. 9<sup>th</sup> Avenue  
Spokane Valley, WA  
[nathandikes\\_dpm@yahoo.com](mailto:nathandikes_dpm@yahoo.com)